

This is testimony submitted on HB 5178 an **Act Concerning the expansion of the crisis initiative pilot program throughout the state** submitted by the coordinating committee of Social Welfare Action Alliance of CT, SWAA CT. to the CT legislature Public Safety Committee.

(The Ct SWAA chapter is a group of professional social workers, allies and community activists working in partnership with those communities who identify as being most negatively impacted by current societal inequities in efforts to educate, discuss and organize around correcting these inequities. We believe that “those closest to problem are closest to the solution but are furthest from the resources and power.” We work to bring the opinion of those subject to those inequities in Ct to the source of power, in this case the Connecticut Legislators. Our stated priorities are: Advancing 1-racial, economic and social justice, 2- health care as a human right, 3-policing justice and prison transformation leading to abolition, 4-inclusive voter and election reform 5-tax equity and fairness.)

Testimony- From own lived experience and the input of many with lived experience of utilizing existing crisis services SWAA CT supports 24 7 statewide mental health and substance abuse crisis services that are integrated with the developing 988 mental health crisis line and the current 211 mental health mobile crisis line. SWAA Ct supports a crisis team approach with teams lead ideally by MSW social workers supported by mental health peer specialists and substance abuse recovery specialist all working with the local police departments and/or state police to facilitate utilization of community mental health and substance abuse services **rather than incarceration**. These crisis services need to be set up outside of police departments (ie DMHAS), allowing them to set their own culture and protocols for response and should have a public face separate from police departments. Such a program would need to include an array of adequately funded crisis services including peer respite services in addition to hospitalization or traditional crisis stabilization services and readily available safety net services such as shelter, food, health care, economic assistance and immediately available community based mental health or substance abuse counseling. We believe with the cooperative work of State agencies and funding from the legislature such a system is possible in Ct. We refer you to the work being done in the city of New Haven and the 988 coordinating effort of DMHAS and DCF and urge the legislature to assure continued community input and evaluation of these programs. Thank you for your consideration of this testimony.